

STATE OF MICHIGAN

REQUEST FOR TIME FROM UAW CENTRAL ANNUAL LEAVE BANK

NOTE: THIS FORM IS FOR USE BY ADMINISTRATIVE SUPPORT AND HUMAN SERVICES BARGAINING UNIT EMPLOYEES ONLY FOR REQUESTING TIME FROM THE UAW CENTRAL ANNUAL LEAVE BANK. (See Instructions On Back).

A. TO BE COMPLETED BY EMPLOYEE REQUESTING TIME (Please print)

Employee Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Employee I.D.# \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

Classification/Level \_\_\_\_\_

I certify that I will have exhausted all available leave credits as of \_\_\_\_\_(date) and I hereby request the use of \_\_\_\_\_ hours (maximum of 240 hours) from the UAW Central Annual Leave Donation Bank from \_\_\_\_\_ to \_\_\_\_\_(date). I certify that I am facing financial hardship due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent.

Signature \_\_\_\_\_

Date \_\_\_\_\_

B. TO BE COMPLETED BY APPOINTING AUTHORITY

1. I hereby certify that this employee has satisfactorily completed an initial probationary period, has exhausted all available leave credits, no long-term disability or Workers Compensation will be paid during this time, and the absence would otherwise be approved.

2. I have calculated the total cost of this request as \$ \_\_\_\_\_ based on:

Requesting employees hourly rate of \$ \_\_\_\_\_.

Signature \_\_\_\_\_

Date \_\_\_\_\_

C. TO BE COMPLETED BY LOCAL 6000

1. I approve the request in Part A. above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

D. TO BE COMPLETED BY THE OFFICE OF THE STATE EMPLOYER (IF W-41/W-22 EMPLOYEE)

1. I hereby authorize DMB to deduct \$ \_\_\_\_\_ from the Central Annual Leave Bank.

Signature \_\_\_\_\_

Date \_\_\_\_\_

E. TO BE COMPLETED BY DMB/OAS

DMB/OAS has deducted \$ \_\_\_\_\_ from the UAW Central Bank. The Department is authorized to add \_\_\_\_\_ hours to the employee's annual leave counter as requested above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

SEE INSTRUCTIONS ON BACK

# REQUEST FOR TIME FROM UAW CENTRAL ANNUAL LEAVE BANK INSTRUCTIONS

## WHO

## DOES WHAT

### Section A.

Employee

1. Completes Section A.
2. Submits form to Personnel Office.

### Section B.

Personnel Office

1. Verifies employee eligibility.
  - a. Completed initial probationary period.
  - b. All leave credits have been exhausted.
  - c. Employee is not receiving LTD or Workers Compensation.
  - d. Employee's absence would otherwise be approved.
2. Computes value of hours requested.
3. Obtains Appointing Authority's signature.
4. Keeps **pink** copy and forwards form to Office of State Employer if the employee is in the Administrative Support or Human Services bargaining unit. After DMB/OAS posts deduction from the Central Bank (Section D., below), distribute **canary** copy to employee and keep original in Personnel Office.

### Section C.

Local 6000

1. Authorized deduction from the UAW Central Annual Leave Bank.

### Section D.

OSE

1. Authorized deduction from the UAW Central Annual Leave Bank.
2. Forwards form to Department of Management and Budget/Office of Administrative Services.

### Section E.

DMB/OAS

1. Posts deductions to the UAW Central Annual Leave Bank.
2. Keeps **goldenrod** copy and forwards form to Personnel Office for distribution of **canary** copy to employee.